Reaching Out to the Community

RIVERVIEW HOSPITAL

community of caring

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Annual Report 2000-01

Riverview patients, family members, staff and volunteers take part in the annual 'Go a Mile for Mental Health' run that was part of the hospital's week-long celebration of Mental Health Week 2000

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This publication does more than report activities and accomplishments for Fiscal 2000-01. It documents a commitment that began the millennium for Riverview – to work with a larger community and support others in British Columbia's mental health system. That promise is the thread running through this report, tying together our new outward stance and the renewal of the hospital's proven programs.

We're Looking Outward

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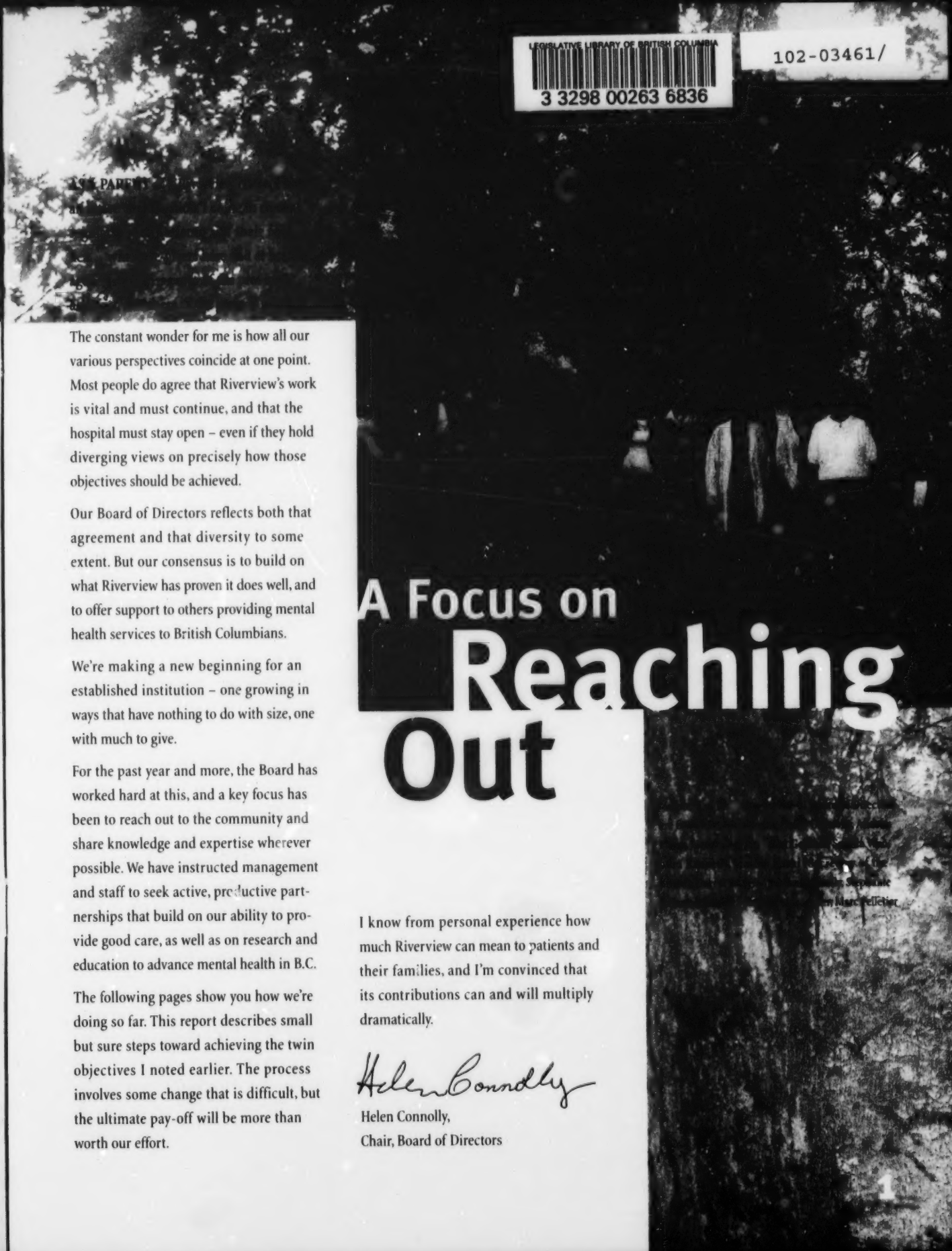

A Focus on Reaching Out

The constant wonder for me is how all our various perspectives coincide at one point. Most people do agree that Riverview's work is vital and must continue, and that the hospital must stay open – even if they hold diverging views on precisely how those objectives should be achieved.

Our Board of Directors reflects both that agreement and that diversity to some extent. But our consensus is to build on what Riverview has proven it does well, and to offer support to others providing mental health services to British Columbians.

We're making a new beginning for an established institution – one growing in ways that have nothing to do with size, one with much to give.

For the past year and more, the Board has worked hard at this, and a key focus has been to reach out to the community and share knowledge and expertise wherever possible. We have instructed management and staff to seek active, productive partnerships that build on our ability to provide good care, as well as on research and education to advance mental health in B.C.

The following pages show you how we're doing so far. This report describes small but sure steps toward achieving the twin objectives I noted earlier. The process involves some change that is difficult, but the ultimate pay-off will be more than worth our effort.

I know from personal experience how much Riverview can mean to patients and their families, and I'm convinced that its contributions can and will multiply dramatically.

Helen Connolly

Helen Connolly,
Chair, Board of Directors

hanging
in Leaps and Bounds

THIS REPORT LOOKS back at 12 important months for Riverview, the first year of a new millennium in which the hospital's mandate was affirmed and expanded. For me, arriving in a new job and a new province part way through the fiscal year compounded this sense of transition.

What I found is a state of affairs that others here had experienced for some time. As this report shows, change is driving Riverview.

Overall, the hospital shifted and broadened its outlook to offer greater, more tangible support of others delivering mental health services in B.C. This built on core activities at our Coquitlam site, and good working relationships with on-site advocates of the Mental Patients Association and with family members who also work on advocacy issues.

The evolution of longstanding programs and activities accelerated, a few transformed in ways that seemed revolutionary to some.

External reviewers scrutinized specific Riverview activities and made recommendations for their improvement. Our electroconvulsive treatment program received a generally clean bill of health, and we are addressing practice issues throughout the hospital.

These organizational growing pains are part of the change and renewal occurring here in irrepressible leaps and bounds, conceptually and physically.

In that context, I'm particularly proud of one bit of news from 2000-01. It's our Board's adoption of the Riverview vision, mission and values that you see on the next page.

I can't imagine who could argue with these concepts. They outline a valuable philosophical grounding for the transition at Riverview that we can expect to continue for the foreseeable future.

The goal is one we can all endorse: improved mental health. But no matter how worthwhile the reward, the fact remains that change has not been easy. This applies to everyone – patients and families, staff and volunteers, newcomers and veterans. We've been through a lot together.

I know that the challenges and change that defined 2000-01 will bear positive fruit for all of us in the coming years, and my commitment is to work so that we all share in that rich harvest.

Marion C. Suski,

President and CEO

VISION

Transforming mental illness into mental wellness

MISSION

Improve [illegible] of life of adults affected by persistent or severe [illegible] illness by providing excellent, specialized care for individuals with complex treatment challenges, and by increasing service capacity within BC through clinical service, education and research partnerships.

VALUES

Governing our achievement of Riverview Hospital's mission and vision are these core values:

- **Respect for the dignity of each person**
- **Compassion for all who are entrusted to our care**
- **Integrity and accountability as we meet our responsibilities**
- **[illegible]on, access[illegible] and [illegible]ive comm[illegible]**

RIVERVIEW
HOSPITAL

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A Solid Found

Adult Tertiary Redevelopment

This program offers short-stay care lasting as long as several months. ATRP admits adult patients aged 17 to 64 years who can't be stabilized after about 30 days in general hospital psychiatric units. Key ATRP activities in 2000-01 included:

- Conducting a comprehensive evaluation to assure that the program responds to the needs of health regions
- Completion of the Assertive Case Management project, a joint initiative supporting Riverview patients transferred to Simon Fraser Health Region's New Westminster Mental Health Centre
- Renewal of Enlife Enhancement Program modules so they are more responsive to patient needs
- Implementation of Staying Out of Hospital, a new program facilitated by two psychologists to assist patients in understanding their illness and recognizing signs of their becoming ill
- Development and implementation of new modules to an existing Chemical Abuse Resource Team program
- Joint planning with the hospital's Adult Residential Transfer Program to identify and address service gaps and overlaps

Adult Residential Transfer

This program offers longer treatment for adults who either need more than Adult Tertiary Redevelopment or who can't return safely to the community. Developments here last year included:

- Increasing client discharges and, therefore, admissions with B.C. Ministry of Health sponsorship of the Access Project
- Forming a Patient Advisory Committee to provide feedback and consultation regarding Program services and initiatives, and hosting a program-wide meeting to update family members of ART redevelopment and receive their feedback
- Expanding clinical nursing support, devising recruitment and retention strategies and developing a human resources plan to support ART redevelopment
- Introducing a patient transition template to support patients and families during transfers
- Expanding the patients' Vocational Rehabilitation Program
- Beginning plans for an Academic Unit within the program

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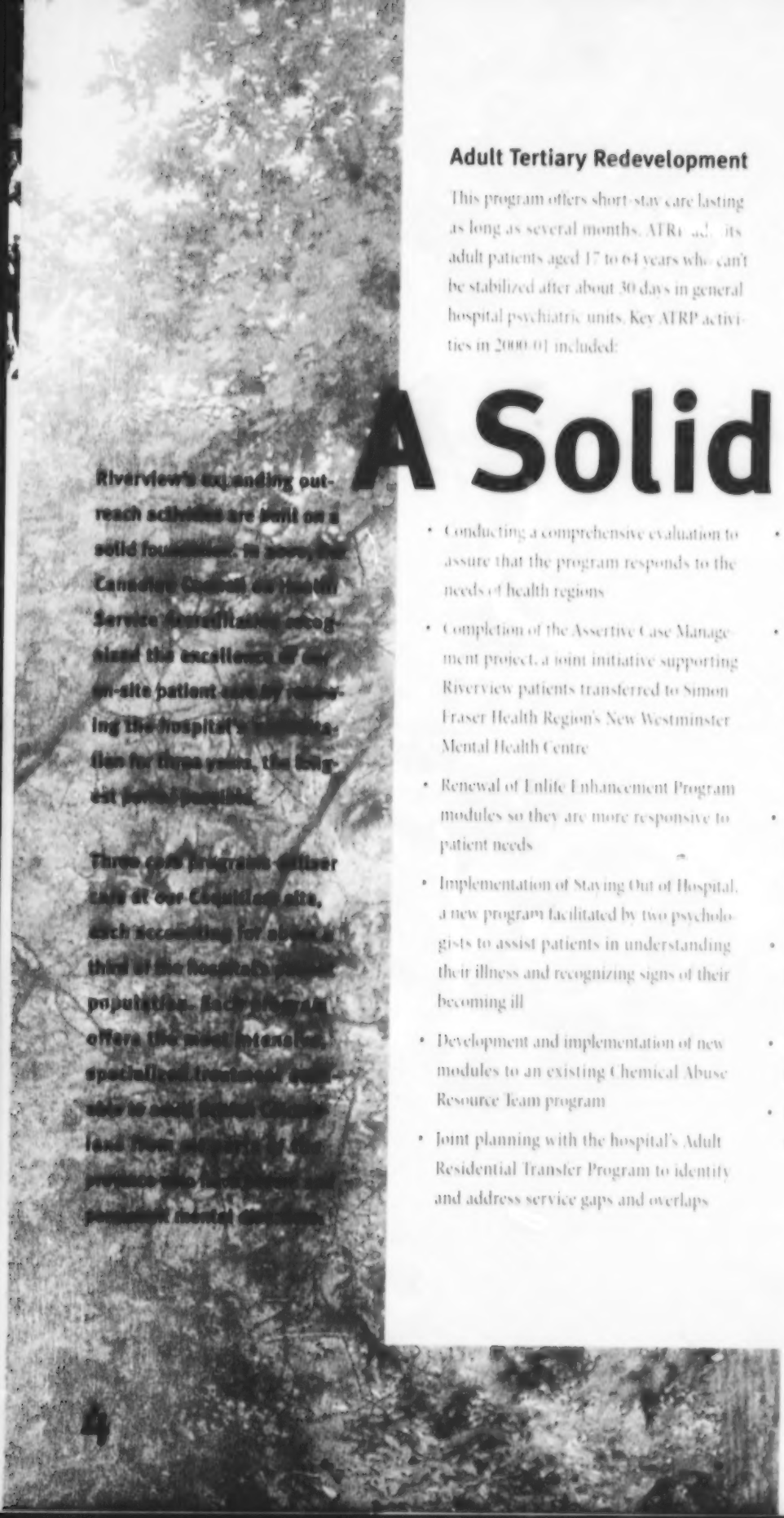
Geriatric Psychiatric Program plans are reviewed by (from left) Medical Managers Drs. Hem Phaterpaker and Kevin Berman and Medical Director Dr. Arvind Kang

Geriatric Psychiatry

This program assesses, treats and cares for individuals aged 65 years and older who often have multiple medical conditions and/or dementia interacting with their psychiatric severe psychiatric illnesses. Significant activities during 2000-01 included:

- **Reducing waiting times for admissions, especially of aggressive patients, from six months or more to one week or less**
- **A major bed reorganization that centred on closing a medical-surgical ward and re-opening it to accommodate acute male aggressive patients, all this involving completion of individual patient profiles, each based on 15 clinical assessments**
- Cooperation with an external review of electro-convulsive therapy practices which concluded that Riverview's ECT practices and equipment are of high quality and that family members had adequate pre-treatment information for informed consent and other issues
- **Beginning to implement the external review's recommendations, including improving continuity of care with more training of hospital personnel who don't work in the ECT suite and developing an electronic data base on ECT use across the province**



A Solid Found

Riverview's expanding outreach activities are built on a solid foundation. In 2000, the Canadian Council on Health Service Accreditation recognized the excellence of our on-site patient care by renewing the hospital's accreditation for three years, the longest period possible.

Three core programs deliver care at our Coquitlam site, each accounting for about a third of the hospital's patient population. Each program offers the most intensive, specialized treatment available to [illegible] from throughout the province who have severe and persistent mental illness.

Adult Tertiary Redevelopment

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Reaching Out to the Community

Coquitlam Mayor Jon Kingsbury presents a Haida talking stick to Maureen Joyce, executive director of Langley Stepping Stone Rehabilitation Society. The stick symbolizes the province-wide Dianne Macfarlane Advocacy Award which Joyce received for "passionate commitment" to inclusiveness for people with mental illness. Kingsbury presented the Riverview award on behalf of the hospital which involves community leaders in its activities to raise awareness of mental health issues

Riverview's deep local roots in British Columbia supported new growth in 2000-01 that saw the hospital branch out in several directions – all part of a mandate to extend its community connections.

The farthest reach involved preparations to welcome a delegation of health practitioners and government officials from all parts of Thailand. This echoed the established Riverview practice of providing clinical education and support to international as well as B.C. and Canadian students (page 10).

But Riverview's primary objective in reaching out is to support the delivery of mental health services here in B.C. We planted a lot of those seeds last year. Here are some examples, in addition to others documented elsewhere in this report.

A New Model of Care

Riverview pioneered an approach to mental health care called specialized residential service. A home-style setting with 24-hour specialized care, SRS will accommodate individuals who don't require hospital care, but whose conditions still keep them from living independently or in community residential facilities. Operating costs should be lower than those for both general and specialized psychiatric hospitals. Approved in late 2000, the first SRS facilities were scheduled for completion in late 2001 – a 20-bed unit at Riverview, and a 10-bed unit adjacent to Prince George Regional Hospital. Our unit is a joint effort of the hospital, the B.C. Ministry of Health and the B.C. Buildings Corporation. The other unit is a collaboration of those agencies and the Central Interior Health Region which will operate the Prince George facility.

Supporting Acute Care, Part 1

Patients from acute care psychiatric units were admitted temporarily during Summer 2000 to assist some hospitals whose annual bed-closing scramble was complicated by staff shortages.

This caused no serious problems for Riverview which, despite its own staffing concerns, didn't close beds that summer. We could help regional partners because the unique expertise of our committed staff gave us an edge in looking after both the temporary admissions and our patient population.

This Special Residential Service unit at Riverview and another in Prince George will be the first facilities of their kind in B.C. when completed in late 2001. The Riverview unit is the first new construction at the hospital in 50 years

Supporting Acute Care, Part 2

A Fall 2000 evaluation confirmed the success of a similar collaborative project with the Vancouver/Richmond Health Board. It involved Riverview's creation of a mixed-gender unit for patients requiring stays of 45 to 60 days, which are beyond the capacity of acute care emergency psychiatric care.

Expanded after the evaluation to accommodate Simon Fraser Health Region patients, the unit offers stabilization, prepares patients to return to living independently and provides support after discharge.

Planning for the Future

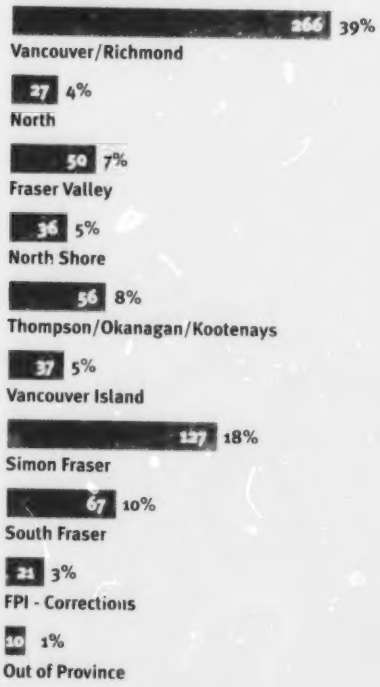
Throughout the past year, Riverview participated in province-wide planning of new mental health programs and facilities, working with the B.C. Ministry of Health and the Capital, Northern Interior and Thompson Health Regions.

Better Communications

Riverview acted last year to reach out with better communication as well as action on patient care issues. The initial step, taken in Fall 2000, was the launch of Community Connections, a quarterly newsletter for health care partners and stakeholders. The following spring, work began on a new Riverview web site.

Total Admissions

April 1/99 - March 31/00 (Total 692)



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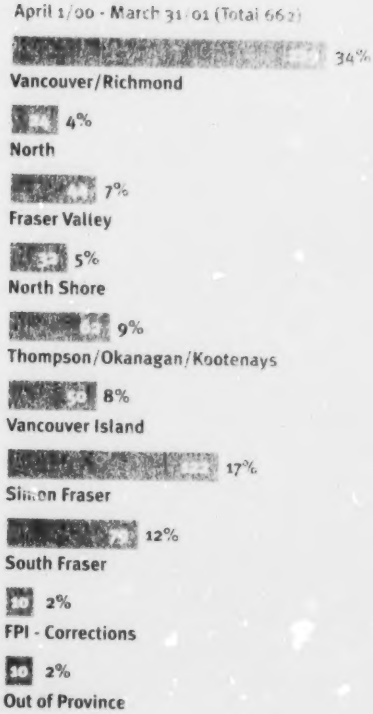

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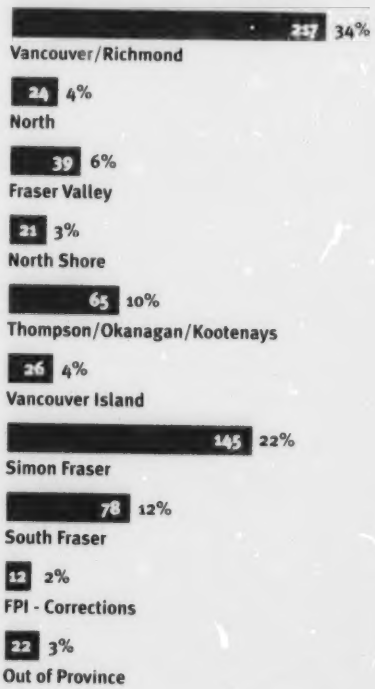

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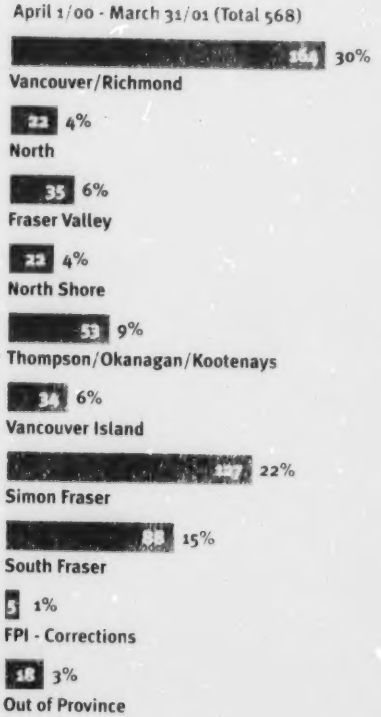

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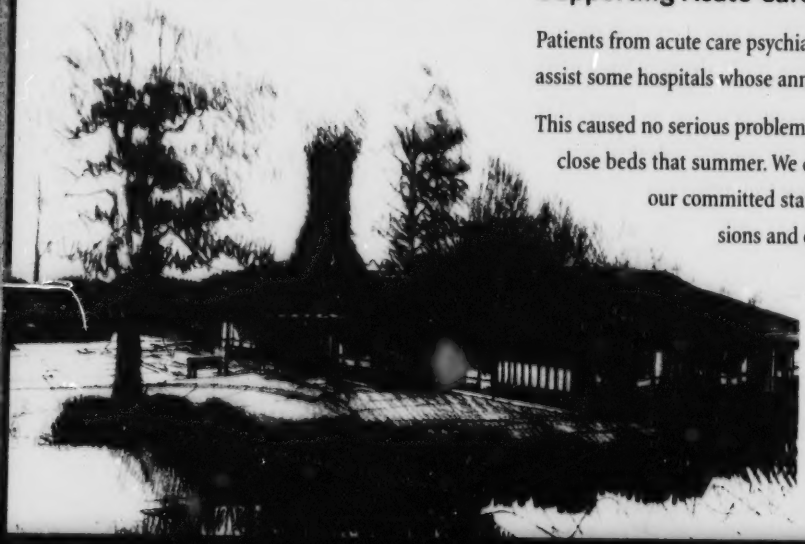

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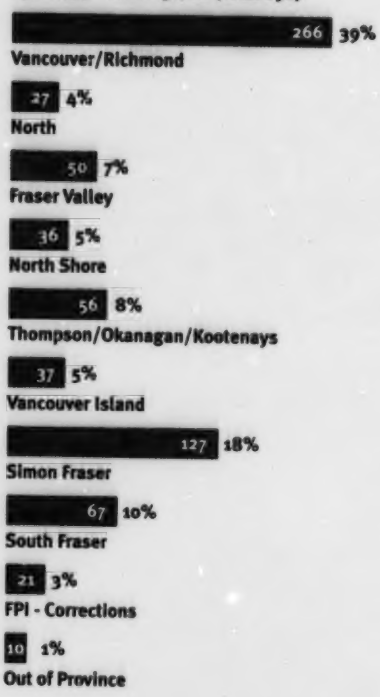

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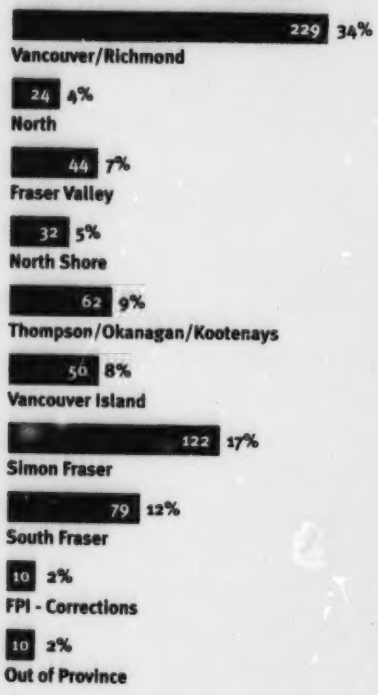

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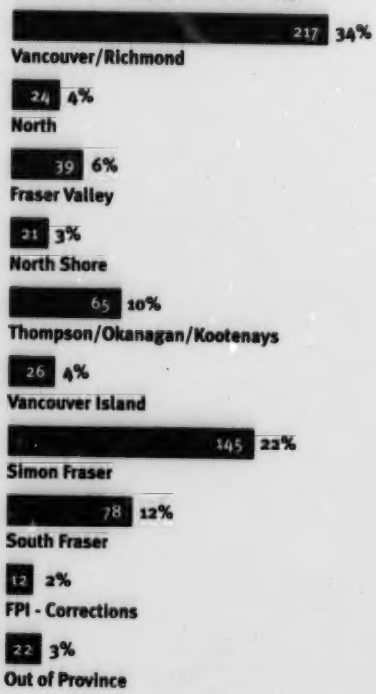

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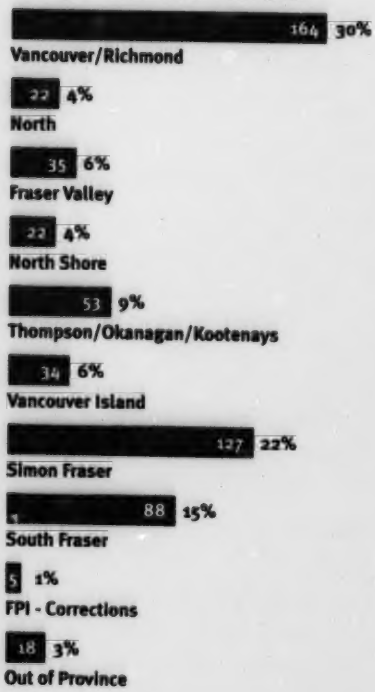


Research Projects in Progress 2000-01

Community Management of Risk in Civil and Forensic Psychiatric Patients
Drs. Stephen Hart, Derek Eaves and Chris Webster

Ethnicity and Outcome Following Discharge: An Examination of Social Support and Pharmacology
Dr. Soma Ganesan

Determining the Pattern and Correlates of Cognitive Deficit in Schizophrenia: A Quantitative Review *Dr. Alan Thornton*

Development of the British Columbia Neuropsychiatric Assessment Battery
Dr. Grant Iverson

A Prospective, Randomized, International Parallel-Group Comparison of Clozaril Versus Zyprexa in the Reduction of Suicidality in Patients with Schizophrenia and Schizoaffective Disorder Who are at Risk for Suicide *Dr. Siemion Altman*

A Multi-Centre, Placebo and Active Control, Double-Blind Randomized Study of the Efficacy And Safety of M10098 in Schizophrenic and Schizoaffective Patients
Dr. Siemion Altman

Case Control Study to Determine the Effect of Psychiatric Illness and Therapy on Bone Mass and Bone Metabolism
Dr. Bruce Gibson

The Relationship between Testosterone and Aggression in Inpatient Dementia
Dr. Arvind Kang

The Contribution of Inhibition and Initiation Deficits to the Symptoms of Schizophrenia *Drs. Todd Woodward and Al Thornton*

An Open Label Follow Up Study of the Long Term Safety of Aripiprazole in Patients with Chronic Schizophrenia
Dr. Simon Altman

A Naturalised Clinical Follow Up of Switching from Current Antipsychotic to Seroquel in Schizophrenic Patients
Dr. Sean Flynn

Multi-Sensory Room: Evaluating Responses of Older Adults with Moderate to Severe Dementia
Dr. Sharie Hayden

The Prediction of Violence Among Psychiatric Patients by Psychiatrists, Review Panels and the HCR-20
Dr. Barry Ledwidge

Prevalence of Chronic Obstructive Pulmonary Disease in Adult Psychiatric Patients Who Smoke *Jane Dumontet and Dr. Mike Lemke*

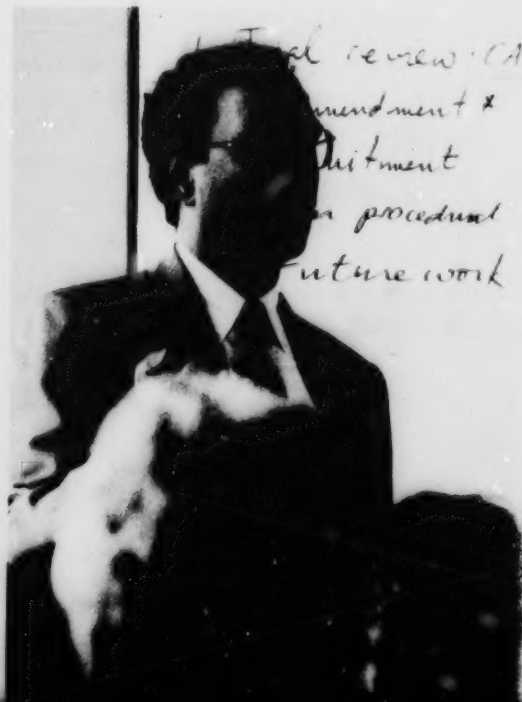
Magnetic Resonance Imaging Studies of White Matter in Psychosis *Dr. Sean Flynn*

Ziprasidone Intramuscular/Oral Versus Haloperidol Intramuscular/Oral in the Treatment of Acute Exacerbation of Schizophrenia and Schizoaffective Disorder
Dr. Sean Flynn

Open Extension Study Evaluating the Safety and Tolerability of Oran Ziprasidone in the Treatment of Patients Who Have Successfully Completed a Previous Ziprasidone Study *Dr. Sean Flynn*

Rational Polypharmacy in Psychiatry
Dr. Ric Procyshyn

Prescribing Practices: Comparing a research ward to general treatment wards
Dr. Ric Procyshyn



Progress in comparing two schizophrenia medications is the object of discussion by the study committee headed by Dr. William G. Honer, Director of Riverview's Research Advisory Committee, and a Professor and Scientist at UBC's Molecular Psychiatry + Therapeutics Laboratory

and Their Principal Investigators

A Survey of Discharge Prescriptions Assessing Antipsychotic Polypharmacy
Dr. Ric Procyshyn

Examining Nicotine Dependency in Schizophrenia and Bipolar Affective Disorder
Dr. Ric Procyshyn

Social Workers' and Physicians' Experience with Review Panels – Their Knowledge and Attitude *Dr. So-Han Yip*

Examining the Possible Association between Plasma Homocysteine and Tardive Dyskinesia *Dr. Ric Procyshyn*

Changes in Visual Search Performance in Response to Atypical Antipsychotics
Dr. Todd Woodward

Quetiapine Versus Clozapine: Effects on Cognitive Functioning in Persons with Schizophrenia Spectrum Disorders
Dr. D. J. Slick

A Multicentre, Randomized, Double Blind, Placebo-Controlled Study of Three Fixed Doses of Aripiprazole in the Treatment of Patients with Acute Schizophrenia
Dr. Siemion Altman

A Double Blind, Placebo Controlled Study of DU 127090 in the Treatment of Acute Episodes of Schizophrenia (Active-Phase Symptoms), with Haloperidol as an Active Reference Compound *Dr. Siemion Altman*

Examining the Relationship between Risperidone Treatment and Serum Cotinine Levels in Schizophrenia
Dr. Ric Procyshyn

Suicide Rates in Persons Treated with Clozapine *Dr. Sean Flynn*

The Ability of the Luria Nebraska Neuropsychological Battery to Predict Activities of Daily Living *Patrick Ethel-King*

An International Study of Improving Treatment for the Most Severely Ill with Schizophrenia *Dr. William Honer*

Examining the Relationship between Treatment Response and Smoking Behaviour in Schizophrenia *Dr. William Honer*

Examining the lipoprotein Profiles of Individuals Treated with Clozapine and Clozapine Augmented with Risperidone
Dr. William. Honer

Assessment of Risk Management for Violence *Dr. Christopher Webster*

Pharmacogenetic Investigations of the 5HT2A Receptors and Antipsyhchotic Drug Action
Drs. William Honer and Ric Procyshyn

Positive, Negative, and Negative Associate Priming in Schizophrenics and Healthy Subjects *Dr. Odie Geiger*

The Contribution of Inhibition and Initiation Deficits: the Symptoms of Schizophrenia *Drs. Peter Liddle and Todd Woodward*

Cognitive Rehabilitation of Prospective memory Abilities in Individuals with Psychiatric Disorders
Drs. Claudia Jacova Todd Woodward

Irregularities in Semantic Activation Underlying Formal Thought Disorder in Schizophrenia
Drs. Peter Liddle and Todd Woodwara

Investigating the Serum Triglyceride Levels as a Possible Predictor of Clinical Response to Clozapine Therapy
Drs. Ric Procyshyn and Sean Flynn

Changes in Discharge Rates and Polypharmacy Associated with Atypical Antipsychotic Use *Dr. Ric Procyshyn*

The Effects of Smoking on Prolactin Secretion in Patients Treated with Antipsychotics
Dr. Ric Procyshyn

Functional Interpretation of the Impaired Brain Systems Underlying the Syndrome Complexes of Schizophrenia
Dr. Todd Woodward

Variability in the Incidence of Schizophrenia in BC between 1895 and 1955: Testing for Risk Factors
Dr. Geoffrey Smith

Multicentre, Double Blind, Randomized Comparison of the Efficacy and Safety of Sustained Release Formulation Quetiapine Fumarate and Placebo in the Treatment of Patients with Schizophrenia
Dr. Siemion Altman

A Multicentre, Randomized, Double Blind Study of Flexible Doses of Aripiprazole Versus Perphenazine in the Treatment of Patients with Treatment Resistant Schizophrenia *Dr. Sean Flynn*

A Study of the Relationship between the Dose and Plasma Concentration of Gabapentin in the Geriatric Population
Dr. Sylvia Zerjav

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micromedia
a division of IHS Canada

20 Victoria Street
Toronto, Ontario M5C 2N8
Tel.: (416) 362-5211
Toll Free: 1-800-387-2689
Fax: (416) 362-6161
Email: info@micromedia.on.ca

As a major teaching hospital, Riverview continued development of its educational programs during 2000-01, earning national, top-ranked accreditations in this area just as it did for its patient care.

Our clinical psychology internships and occupational therapy service both received five-year accreditations, the longest granted by the Canadian Psychological Association and the Canadian Occupational Therapy Association. (The internship initiative is a joint venture with the Simon Fraser and South Fraser Health Regions.)

These programs typify all of Riverview's educational activities which last year saw these developments.

RPN Howard Smith *(left)* tells fellow Riverview staffer Craig Woznikoski about principles of Non-Violent Crisis Intervention for which Smith earned international recognition last year

International Honours

Individual and Institutional achievement awards for exemplary care came from the U.S.-based Crisis Prevention Institute which selected recipients in each category from only three finalists among 120 nominations for outstanding applications of the Nonviolent Crisis Intervention® program developed by CPI.

Riverview RPN Howard Smith's nomination described him as an "enormously effective" role model who "consistently makes a positive difference in the lives of high-risk patients". The hospital's nomination noted Riverview's provincial leadership in creative applications of the CPI training program.

Preparing the Professionals

Growing demand saw us provide more clinical experience last year to post-secondary students preparing for mental health careers: future nurses, physicians, social workers, pharmacists, psychologists, dietitians and physio-, occupational and recreation therapists.

Riverview staff gave them a total of 47,000 hours of on-hand clinical instruction during 2000-01. That amounts to growth of nearly three per cent over the previous year and a cumulative 18.9 per-cent increase over 1998-99 – all with funding remaining essentially unchanged. As well, we conducted 35,000 hours of in-service training for our own staff, to keep their skills and knowledge up-to-date.

In-Conference at Riverview?

Riverview continued offering major specialized conferences during 2000-01 for working health professionals who care for mental patients. Three educational offerings addressed developments in schizophrenia, psycho-geriatrics and mood disorders. Attracting physicians, psychologists and mental health workers from all parts of B.C., the conferences all sold out.

Financial Highlights

Highlights of Hospital Operations

For the year ended March 31

In thousands of dollars

	2001 $	2000 $
Revenue		
Ministry of Health grant	100,826	96,137
Medical Services Plan - medical sessions	5,533	5,256
Other		
Patient per diem charges	289	194
Cafeterias	153	145
Laboratory and toxicology	440	376
Dry goods, interest and sundry	1,758	1,473
	2,640	2,188
Amortization of deferred contributions	2,140	1,713
	[illegible]	105,294
Expenditure		
Salaries and benefits		
Salaries and wages	57,565	56,167
Supplementary salary costs	2,717	2,509
Employee benefits	15,054	14,581
	75,336	73,257
Facilities		
Land and building rents	1,041	1,029
Capital project repayments	1,690	1,796
Operations, maintenance and current building improvements	6,173	6,091
Housekeeping	3,163	3,204
Grant in lieu of taxes	707	707
	12,774	12,827
General services and supplies		
Professional services	3,241	2,930
Sessional physicians	6,295	6,115
Materials, supplies and maintenance	3,681	3,289
Drugs, general	1,090	1,090
Clozapine	550	593
Risperidone	213	201
Olanzapine	485	398
Quetiapine	192	72
Food	2,189	2,143
Communications	240	267
Office	1,164	889
Travel	249	215
	19,589	18,202
Depreciation	2,140	1,713
	[illegible]	[illegible]
Net surplus (deficit) from Hospital Operations	1,300	(705)
Deficit, beginning of year	(3,249)	(2,544)
Deficit, end of year	[illegible]	[illegible]

Note: This statement does not include activities related to Ancillary operations, e.g., sales of drugs, Penn Hall Concessions, laboratory work for the Coroner's Office, Information Technology projects, conferences, research projects, transition funded programs, and regional planners.

Balance Sheet

As at March 31

In thousands of dollars

	2001 $	2000 $
Assets		
Current		
Cash and short term investments	16,400	15,190
Accounts receivable	2,450	4,016
Inventories	881	869
	19,731	20,075
Capital assets	5,879	5,597
Restricted assets		
Trust fund, cash	331	260
	[illegible]	[illegible]
Liabilities		
Current		
Payables and accruals	2,762	3,487
Salaries and benefits payable	3,488	5,350
	6,250	8,837
Accrued employee future benefits	11,204	9,103
Trust fund, patient funds	331	260
Deferred contributions		
Expenses of future periods	4,226	5,479
Capital assets	5,879	5,502
	27,890	29,181
Net assets (deficiency)		
Net investment in capital assets	-	95
Internally restricted	1,547	110
Unrestricted	(3,496)	(3,454)
	(1,949)	(3,249)
	[illegible]	[illegible]

Note: Financial summaries are extracted from statements reported by our auditor, GRANT THORNTON LLP. Full audited statements are available from the hospital's Finance Department.

Riverview's Top-Ranked Education

As a major teaching hospital, Riverview continued development of its educational programs during 2000-01, earning national, top-ranked accreditations in this area just as it did for its patient care.

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For the year ended March 31

In thousands of dollars

	2001	2000
	$	$
Revenue		
Ministry of Health grant	100,826	96,157
Medical Services Plan - medical sessions	5,533	5,256
Other		
Patient per diem charges	289	194
Cafeterias	153	143
Laboratory and toxicology	440	376
Dry goods, interest and sundry	1,758	1,475
	2,640	2,188
Amortization of deferred contributions	2,140	1,713
	111,139	105,294
Expenditure		
Salaries and benefits		
Salaries and wages	57,565	56,107
Supplementary salary costs	2,717	2,569
Employee benefits	15,054	14,581
	75,336	73,257
Facilities		
Land and building rents	1,041	1,025
Capital project repayments	1,690	1,796
Operations, maintenance and current building improvements	6,173	6,051
Housekeeping	3,163	3,201
Grant in lieu of taxes	707	707
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Olanzapine	485	398
Quetiapine	192	72
Food	2,189	2,143
Communications	240	267
Office	1,164	889
Travel	249	215
	19,589	18,202
Depreciation	2,140	1,713
	109,839	105,999
Net surplus (deficit) from Hospital Operations	1,300	(705)
Deficit, beginning of year	(3,249)	(2,544)
Deficit, end of year	(1,949)	(3,249)

Note: The statement does not include activities related to Ancillary operations, e.g. cafeteria, drugs from Hall Concessions, laboratory work for the Coroner's Office, Information Technology projects, Science Council projects, research funded programs, and trust fund projects.

Balance Sheet

As at March 31

In thousands of dollars

	2001	2000
	$	$
Assets		
Current		
Cash and short term investments	16,400	15,190
Accounts receivable	2,450	4,016
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	19,731	20,075
Capital assets	5,879	5,597
Restricted assets		
Trust fund, cash	331	260
	25,941	25,932
Liabilities		
Current		
Payables and accruals	2,762	3,487
Salaries and benefits payable	3,488	5,350
	6,250	8,837
Accrued employee future benefits	11,204	9,103
Trust fund, patient funds	331	260
Deferred contributions		
Expenses of future periods	4,226	5,479
Capital assets	5,879	5,502
	27,890	29,181
Net assets (deficiency)		
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Internally restricted	1,547	110
Unrestricted	(3,496)	(3,454)
	(1,949)	(3,249)
	25,941	25,932

Note: Financial summaries are extracted from statements reported by our auditor, GRANT THORNTON LLP. Full audited statements are available from the hospital's Finance Department.

Riverview's Heart

People are what this hospital is about. It exists to serve people who need care, and it can do so only by relying on the people delivering that care. Essentially, the care-givers at the heart of Riverview fall into two categories – both are recognized in a small way here.

Valued Workers Count

Approximately 1,800 staff members make Riverview possible. Their efforts range from providing direct care to maintaining equipment required for that care, along with the other diverse and necessary services that support our clients.

The familiar faces change a bit every year, as valued workers retire, and newcomers take their places. In 2000-01, we said farewell to the retirees listed below.

There could be no Riverview without you, our colleagues, and we are truly grateful for your effort and commitment.

Retirees of 2000-01

Larry Allen
Henry Bartsch
Henry Beck
Odile Bouchard
Nora Burke
Jane Callick
William C-H Chow
R. Christine Clark
Rollie Croteau
Mary-Louise Davidson
Savita Dhami
Jaginder Dhillon
Barbara-Anne Diener
Linda Dobson
Roberta Drinowz
Alfred Dyck
Lois Dyck
Hilda Emery
Ronald Franklin
Joyce Garraway
Frances Genesius
Owen Green
Violet Groves
Jennifer Hay
Muni Higgs
Ronald Hunt
Andrew Ip
Dianne Jackson
Carol Johansen
Joseph Kam
Jeewan Khoyratty
Signe Kurucz
Carroll Lamothe
M. Joy Lavigne
Simone Levington
Phyllis Lewis
Frances Lowe
Neil MacKay
Peter Madsen
Mary Makarra
Gabrielle Marcano
L. Joan Martens
Mary-Anne Martin
Susan McHallam
Monica Medford
Juliette Messer
Elaine Michel
Violet Miller
Douglas Mills
Valerie Miyoshi
Lorraine Mousseau
Fred Nienkamper
T. Ivy Nurse
Phyllis Olson
Tony Ooi
Eeva Paisley
Stella Pank
Wynn Parry
Marie Parsons
E. Cynthia Patterson
Gillian Peel
Pablo Poquiz
Carmen Poquiz
Narendra Prasad
Brenda Robbins
Eileen Roberts
Cora Ruffy
David Ryshak
Judith Sands
Mary Snelling
William Sturgess
Dana Thurier
Darlene Togwell
Maria Toth
Mabel Tymrick
Bert Van Aert
Tonny Van Dyk
Catherine Wagner
Patricia Weir
Ivel Williams
Joanne Wingrove
Norm Wiseman
Eleanor Wong

Valleyview Patient Joy Griffiths enjoys Mental Health Week festivities at Riverview with Debbie Campbell, Recreation Therapist

Bill McCallion and various fine furry friends have been Riverview volunteers for 25 years. Last year, the hospital awarded him a commemorative plaque which he shows here to Moss, Nell and Sheena – the fifth generation McCallion dogs to help him build relationships with Riverview patients

Volunteers Make a Difference

Volunteers at Riverview make a real difference on a personal level, supporting and enhancing the quality of life of our clients. The volunteers learn how mental illness affects patients and families, and learn about themselves.

At the most fundamental level, the volunteer brings caring friendship to patients. Though not a therapist, the volunteer is part of our therapeutic team, and an essential link to the community.

Riverview is grateful to all our volunteers – individuals and organizations – for the special connections you have made with patients and clients. Here for 2000-01 we are proud to recognize our most senior volunteers.

47 Years
Jewish Family Services
Ladies Auxiliary to Royal Canadian Legion, Fraser Valley Zone

25 Years
Bill McCallion

20 Years
Maureen Boguzki, Robert Horsfall, Verna Moojelsky

17 Years
Margaret Schwab

16 Years
War Amps of Canada

14 Years
Susan Crape, Dolores Saunders

13 Years
King of Life Lutheran Church

10 Years
Al Chadwick, Old Time Band

9 Years
Camilla Dietrich

8 Years
John Geissinger

7 Years
Ken McKenzie Group, Tim Walsh

6 Years
Roberta Forrester

5 Years
Mitsuko Kokuryo, Kiyoshi Takahashi